



The Commonwealth of Massachusetts

Department of Public Safety

Repair / Maintenance Report for Amusement Devices

 (Print name of Company)

 (Device Name and State/Identification Number)

 (Company Address)

 (Phone Number)

 (Print Contact Name)

 (Contact E-Mail Address)

Record of all repairs and alterations affecting the safety of the amusement device for previous season, as well as all NDE performed. This report must be submitted with application for permit to operate amusement devices and signed by the authorized inspector.

Date of Repair / NDE	Details of work performed	Name and address of person/firm performing work	Whether assessed prior to repair and by whom

I certify, that I have inspected the parts on the amusement device referred to in this report and state that to the best of my knowledge and belief, the repairs, alterations and NDE examinations were performed in accordance with Massachusetts Regulation 520 CMR 5.00.

 Massachusetts Commissioned Amusement Inspector

[illegible]